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|--|--|--------------------------------|---|---------------------------------------|-------------|--------------------------|
| AMENDMENT TRANSMITTAL LETTER | | | | ATTORNEY'S DOCKET NO.: 0018-14 | | |
| SERIAL NUMBER: 10/723,566 | FILING DATE: November 26, 2003 | EXAMINER: Samuel G. Gilbert | GROUP ART UNIT: 3736 | | | |
| INVENTION: MINIATURE MAGNETOMECHANICAL TAG FOR DETECTING SURGICAL SPONGES AND IMPLEMENTS INVENTOR(s): Carl E. Fabian et al. | | | | | | |
| TO THE ASSISTANT COMMISSIONER FOR PATENTS: Transmitted herewith is an amendment in the above-identified application. The fee has been calculated as shown below. | | | | | | |
| CLAIMS AS AMENDED | | | | | | |
| (1) | (2) CLAIMS REMAINING AFTER AMENDMENT | (3) | (4) HIGHEST NUMBER PREVIOUSLY PAID FOR | (5) NO. OF EXTRA CLAIMS PRESENT | (6) RATE | (7) ADDITIONAL FEE |
| TOTAL CLAIMS | 9 | MINUS | 25 | 0 | X \$25 | 0.00 |
| INDEP. CLAIMS | 3 | MINUS | 8 | 0 | X \$100 | 0.00 |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT | | | | | | \$ 0.00 |
| <p>* If the entry in column 2 is less than the entry in column 4, write "0" in column 5. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space. *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.</p> <p><input checked="" type="checkbox"/> No additional claim fee is required.</p> <p><input type="checkbox"/> Charge \$ _____ to Deposit Account No. _____. A triplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The undersigned petitions for any extension of time for filing this document required under 37 C.F.R. 1.136 and submits a check for \$ <u>225</u> to cover the extension fee (2 Months). (Please see RCE Form).</p> <p><input checked="" type="checkbox"/> Charge any additional fees to Deposit Account No. 50-3832</p> <p>_____ November 21, 2007 Date</p> <p>_____ Signature Ernest D. Buff Attorney Name</p> <p>_____ (908) 901-0220 Phone</p> <p>_____ 25,833 Reg. Number</p> | | | | | | |
| I hereby certify that this correspondence is being mailed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 via facsimile transmission to (572) 273-8300 on <u>November 21, 2007</u> . | | | | | | |
| <p>_____ (Signature) Ernest D. Buff Attorney of Record</p> | | | | | | |

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

| | | | |
|-----------------------|--|-----------------|-------------------|
| In re Application of: | Carl E. Fabian et al. | Group Art Unit: | 3736 |
| Serial No.: | 10/723,566 | Examiner: | Samuel G. Gilbert |
| Filed: | November 26, 2003 | | |
| For: | Miniature Magnetomechanical Tag For Detecting Surgical Sponges And Implements | | |
| Docket No.: | 0018-14 | | |

Bedminster, NJ 07921
November 21, 2007Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

AMENDMENT UNDER 37 CFR 1.111

In response to the Office Action dated August 21, 2007, the following remarks are respectfully submitted:

Remarks/Arguments begin on page 2 of this paper.